

VOLUNTARY SHORT TERM DISABILITY INSURANCE OVERVIEW

Prepared for the employees of County of San Diego

Short Term Disability (STD) Insurance Coverage – paid by you

Eligibility	All active, Full-time Employees of the Employer who are a classified as Appraisal, Fiscal and Purchasing (AE), Clerical (CL), Food Service (FS), Health Service (HS), Middle Management (MM), Professional (PR), Public Service (PS), Registered Nurse (RN), Social Worker Supervisor (SS), Social Worker (SW), Probation Officer (PO), Supervising Probation Officer (SO), Construction, Maintenance, Operation and Repair (CM), Crafts (CR), Confidential (CE), Confidential Non-Management (CNM, SD6 or RTN) or Employees working at San Dieguito River Park (SDRP) and classified as Confidential Non-Management (SR5), regularly working a minimum of 20 hours per week.	
Weekly Benefit	Benefit Amount	Up to 25% of your weekly covered earnings
	Maximum	\$1,000 per week
Elimination Period	You must be disabled for 14 days from accident and 14 days from sickness.	
Benefit Duration	24 Weeks Accident and 24 Weeks Sickness	

Short Term Disability Plan Details & Features

Definition of Disability

Disability means that, solely because of a covered injury or sickness, you are unable to perform the material duties of your regular occupation and you are unable to earn 80% or more of your covered earnings from working in your regular occupation. We will require proof of earnings and continued disability.

Covered Earnings

Covered earnings means your wages or salary, not including bonuses, commissions and other extra compensation.

Earnings While Disabled

Benefits will be reduced for any week that benefits plus income from employment exceeds 100% of weekly covered earnings.

Pre-existing Conditions

Benefits are not payable for medical conditions for which you incurred expenses, took prescription drugs, received medical treatment, care or services (including diagnostic measures,) during the 3 months just prior to the most recent effective date of insurance.

Benefits are not payable for any disability resulting from a pre-existing condition unless the disability occurs after you have been insured under this plan for at least 12 months after your most recent effective date of insurance.

Cost

The cost of this insurance program is paid by you. The cost per \$10 of weekly covered benefit is shown below. *Costs are subject to change.*

Age	Rate per \$10 of Weekly Covered Benefit
<50	\$0.62
50-54	\$0.62
55-59	\$0.69
60-64	\$0.81
65-69	\$0.88

Additional Plan Details & Features

Exclusions

This plan does not pay benefits for a disability which results, directly or indirectly, from any of the following: Suicide, attempted suicide, or whenever you injure yourself on purpose; war or any act of war, whether or not declared; active participation in a riot; commission of a felony; cosmetic surgery or medically unnecessary surgical procedures an injury or sickness for which you are entitled to benefits from Workers' Compensation or occupational disease law; the revocation, restriction or non-renewal of your license, permit or certification necessary for you to perform the duties of your occupation, unless solely due to injury or sickness otherwise covered by the policy.

In addition, we will not pay disability benefits for any period of disability during which you are incarcerated in a penal or corrections institution for any reason.

Plan Termination

Coverage terminates if the group policy is terminated, if you cease to be in active service, if you are no longer a member of an eligible class of employees, the day after the last date for which premium has been paid by you or the employer, or the date you become eligible for a plan of benefits intended to replace this coverage.

If you are disabled and receiving benefits under this plan, your benefits and coverage will continue until the expiration of your benefit period, or until you no longer qualify for benefits under the plan, whichever comes first.

When Coverage Takes Effect

Your coverage takes effect on the later of the program's effective date, the date you become eligible, the date we receive your completed enrollment form, or the date you authorize any necessary payroll deductions.

If you have to submit evidence of good health, your coverage takes effect on the date we agree, in writing, to cover you.

If you're not actively at work on the date your coverage would otherwise take effect, you'll be covered on the date you return to work.

This information is a brief description of the important features of the plan. It is not a contract. Terms and conditions of insurance are set forth in Group Policy No. VDT-961880. Please refer to your Certificate of Insurance or Summary Plan Description for more detailed information. Coverage is underwritten by Life Insurance Company of North America, a Cigna company. "Cigna" and the Tree of Life logo are registered service marks of Cigna Intellectual Property, Inc. © Cigna 2015